FILING DATE 10-018, MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) · CLAIMS AFTER 1st AMENDMENT AFTER and AMENDMENT AS FILED BID. DÐ. DID. DEP. IND. DEP. DED. DE. MD. DEP. MD. 2 . <u>54</u>. 7. . 8. · . 9 : . 18 8 · .25 3,00,0 . 30 81. .32 \$8 43 . 97. -98 TOTAL TOTAL DEP. LY CAL 

PALT BE USED FOR ADDITIONAL GLADIE OF ADDRESSES

SERIAL NO.